Equality, Diversity, Cohesion and Integration (EDCI) impact assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration. In all appropriate instances we will need to carry out an equality, diversity, cohesion and integration impact assessment.

This form:

- can be used to prompt discussion when carrying out your impact assessment
- should be completed either during the assessment process or following completion of the assessment
- should include a brief explanation where a section is not applicable

Directorate: Adults & Health	**Service area: Public Health / Integrated Commissioning**
Lead person: Eleanor Clark	**Contact number: 0113 3787844**
Date of the equality, diversity, cohesion and integration impact assessment: 13/03/2023	

1. Title: Leeds Sexual Health Service Procurement					
Is this a:					
☐	**Strategy / Policy**	✓	**Service / Function**	☐	**Other**
If other, please specify					

2. Members of the assessment team:

Name	**Organisation**	**Role on assessment team For example, service user, manager of service, specialist**
Eleanor Clark	Commissioning (Public Health & Housing)	Commissioning Manager
Sharon Foster	PH (Health Protection)	Head of Public Health (Health Protection)
Kerry Swift	PH (Health Protection)	Advanced Health Improvement Specialist (Sexual Health)

3. Summary of strategy, policy, service or function that was assessed:
Under the terms of the Health and Social Care Act 2012, local authorities are responsible for the commissioning of: • open access, comprehensive sexual health services, offering the full range of contraception provision and all prescribing costs • sexually transmitted infection (STI) and blood-borne virus (BBV) testing, treatment and partner notification. • specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention - including PrEP prescribing and management, sexual health promotion, services in schools, colleges and pharmacies. • LARC (long-acting reversible contraception) offer in primary care. The current contract ends on 30th June 2024, and a service review has been undertaken to determine the requirements for the new contract. The assessment has been carried out to review the changes made to the service model and inform the new specification.

4. Scope of the equality, diversity, cohesion and integration impact assessment (complete - 4a. if you are assessing a strategy, policy or plan and 4b. if you are assessing a service, function or event)

4a. Strategy, policy or plan (please tick the appropriate box below)	
The vision and themes, objectives or outcomes	☐
The vision and themes, objectives or outcomes and the supporting guidance	☐
A specific section within the strategy, policy or plan	☐
Please provide detail:	

4b. Service, function, event please tick the appropriate box below	
The whole service (including service provision and employment)	☐
A specific part of the service (including service provision or employment or a specific section of the service)	☐
Procuring of a service (by contract or grant)	✓

Please provide detail:
Based on the findings of the service review, the new contract will be procured through a competitive tendering process, and will comprise:

Specialist sexual health hub

- Specialist service for complex procedures and people – will offer Level 1 & 2 services (complex) plus Level 3 services
- Will offer appointments and walk-ins.
- Targeted clinics and outreach for MARPS.
- Accessible and welcoming to under 18s
- PEP & PrEP provision for HIV prevention.
- STI screening and treatment of symptomatic and complex cases.
- Contraceptive offer only for complex service users/those accessing GU or PrEP services.

Community spokes

- Several community spokes across the city, ideally co-located with other providers, offering routine Level 1 and 2 services by appointment only.
- Delivered in extended hours settings (evenings and weekends)
- Deliver majority of the ISHS's routine contraception.
- Opportunistic chlamydia screening in sexually active, u25 females.
- Asymptomatic STI screening and treatment.
- HIV testing.
- Opportunistic cervical screening (with NHSE uplift payment).
- Responsible for the coordination of equitable access to LARC across the geography of each Leeds PCN.
- Responsible for the subcontracting of free EHC provision in pharmacy sites

Single point of access for both Hub and Spokes via Central Telephone Number

- Service users are triaged and fielded to most appropriate service in the system

Digital offer: Website & Electronic Patient Record (EPR)

- Online, STI self-testing offer for over 18s.
- Personal Health Record for self-management.
- Appointment booking facility.
- Order condoms and repeat contraception by post.
- Dedicated comms position to cover digital engagement and community comms and campaigns.

5. Fact finding – what do we already know

Make a note here of all information you will be using to carry out this assessment. This could include: previous consultation, involvement, research, results from perception surveys, equality monitoring and customer/ staff feedback.

(priority should be given to equality, diversity, cohesion and integration related information)

The service review has involved collating and analysing information from a range of sources.

Current service data

A small analysis of client data was undertaken in April 2022, primarily to assess whether there had been any impact on accessibility as a result of Covid-19. The main findings were:

- In terms of total attendances, demand had increased since 2018/19, although 2020/21 had seen a fall in unique attendances.
- There was a gradual downward trend in the proportion of people who are heterosexual / straight, from a combination of small increases in the other groups. This was accelerated in 2021/22 with a sharp increase in the number of people who report as being gay / lesbian. In particular, there was an increase in the proportion of people seen through outreach who were bisexual (5% of total attendances in 2020/21 rising to 11% in 2021/22).
- A significant majority of those attending are female, around 60%. The trend has been relatively consistent, with the exception of a temporary increase in the proportion of females in 2020/21. This appears to have returned to normal in 2021/22 in the total attendances, and to a lesser extent for the unique attendances, where the temporary change was more pronounced.
- The majority of patients are aged 20 to 35, totalling around 63% on average. There is little difference in composition between total and unique attendances and the trend was relatively consistent until 2020/21. The first year of the pandemic saw a large increase in the proportion of those aged 20 to 25. In 2021/22 there was then a significant reduction in the 16 to 25 age groups, most likely as a result of there being fewer students living in the city, although it was noticeable that this effect was not apparent the year before.

Local and national population data

- The last ten years have seen a significant increase in the number and complexity of consultations in sexual health services. Behavioural change and increased public awareness have increased demand. Responding to MPOX created additional burden on already stretched services.
- The Covid response highlighted the success and appetite for online consultations, home testing and home sampling, which has increased accessibility. Sexual health services have been engaged in one of the biggest modernisation exercises in the history of public health, through this rapid channel shift.
- Women face increased difficulties in accessing contraception. Access is currently inequitable, with marginalised groups most affected.
- Poor sexual health outcomes are strongly correlated with deprivation. Leeds has some of the most deprived areas of the country within its boundary. 23% of Leeds women live in the most deprived areas, with women from ethnic minority backgrounds most likely to be living in the poorest areas.
- Leeds has a disproportionately large population of young people, with a significant student population, creating a huge demand on services. By 2030, 15–24-year-olds in Leeds are predicted to increase by 12%. Numbers of international students are

increasing, who are less familiar with UK health systems. Sexual health services are increasingly seeing young people presenting with mental health issues.
- Leeds has a large migrant population, who predominantly live in the most deprived areas of the city. Leeds has the highest rate of migrant GP registrations in the region (18 in every 1,000).
- Leeds has the highest rates of new STI diagnoses in the region. HIV diagnoses are declining due to combination prevention approaches and free access to PrEP. However, Leeds remains a high-rate city for HIV and late diagnoses (a key predictor of increased morbidity and mortality) remain high, particularly amongst marginalised groups.
- Teenage pregnancy rates in the city are at their lowest, reflecting the success of comprehensive investment and strategies to educate, support and improve access to services. However, there are deprived areas of the city where rates remain stubbornly higher than average, leaving little room for complacency.
- Evidence suggests that women are disproportionately affected by the lack of co-commissioned sexual and reproductive health services, with women from culturally diverse and newly migrated communities facing increased barriers to access.

<u>Best practice and guidance</u>

- Commissioning arrangements for sexual and reproductive health are fragmented, however, the success of this contract will rely heavily on its interface with an effective health and care system. Therefore, collaborative working across organisational boundaries is essential to develop local solutions to fragmented service provision, preventing duplication and creating a whole system approach to integration.
- Royal College of Obstetricians and Gynaecologists' (RCOG) and the Advisory Group on Contraception (AGC) recommend that systems collaborate and centre provision around the needs of women to create 'women's health hubs'. These holistic, 'one-stop' services would build on local authority-funded contraception provision with other reproductive services (such as cervical screening, psychosexual services, heavy periods, menopause treatment etc) added in.
- A digital front door and single point of contact are central features in creating clear patient pathways and offering self-management of care. Service users are proactively navigated to the right service, in the right place, at the right time.
- Accessibility is greatly increased through walk-in and appointment clinics, (including evenings and weekends), alongside remote and online services as an alternative to in-person attendance.
- Community outreach is key for most at-risk populations.
- Sexual health services must respond to the public health needs of the local population and ensure robust links and pathways are in place to the whole sexual and reproductive health system, as well as wider public health issues.

<u>Consultation</u>

- Lack of sexual health knowledge and awareness of services available was seen as a key barrier across all groups. This lack of knowledge is perceived in both service users and the wider workforce, affecting ability to effectively self-manage health, contributing to misinformation and stigma and preventing opportunistic support and appropriate signposting.
- Service users who are unable to navigate appointment bookings, have no walk-in facilities available or must wait to be seen are at risk of slipping through the net.

- Accessible, confidential drop-in facilities specifically for young people were highlighted as a need, as young people lack the knowledge, skills and confidence to use open access services.
- Outreach work and collaboration with third sector partners to meet the needs of MARPs was deemed effective and vital for future models – taking sexual health services to communities was considered essential.
- Stakeholders felt a future model must increase accessibility through developing a single point of contact to aid service users and the workforce to navigate the system.
- Digital access is essential for those who prefer self-management. However, care must be taken not to exclude those who may find this a barrier, for example because English is not their first language or they have poor digital literacy or access.
- Feelings of embarrassment, stigma and shame in accessing sexual health services were described – respondents were concerned about confidentiality and being seen. Respondents of all ages want discreet services, close to where they live or work. The speed, convenience and anonymity afforded by online options to self-manage care were popular.
- Community access is needed, with public transport links. Some city centre presence is required, but not necessarily the main service provision.

Are there any gaps in equality and diversity information
Please provide detail:
Currently, the demographic information collected by the service is limited and therefore a full analysis of coverage and under-represented groups is not possible.

Action required:
Improvements to be made to the current equality monitoring records to bring the data in line with the current Leeds City Council equality monitoring data form.

Further work required to better understand the demographic profile to identify those which are underrepresented and how the service can target accessibility improvements for those identified groups.

6. Wider involvement – have you involved groups of people who are most likely to be affected or interested

☑ **Yes** ☐ **No**

Please provide detail:
The consultation phase of the review sought views from:

- Leeds residents across a range of ages, including university students. A young people's survey was also conducted, alongside face-to-face consultation with Most At Risk Populations (MARPs)
- Staff in the existing service, who will have the opportunity to transfer to the new contract under TUPE regulations
- Professionals from other services who work with people from various priority groups, namely:
  - ~ MARPs relating to sexual health risk
  - ~ MARPs relating to wider determinants
  - ~ University aged people
  - ~ Women, trans men & non-binary people with a cervix

~ Young people under 16 including children looked after
~ Young people aged 16-19 including children looked after and care leavers

Action required:
A communications plan for the mobilisation period should include keeping all interested parties up to date with developments.

7. Who may be affected by this activity?
please tick all relevant and significant equality characteristics, stakeholders and barriers that apply to your strategy, policy, service or function

Equality characteristics

☑ **Age**	☐ **Carers**	☑ **Disability**
☑ **Gender reassignment**	☑ **Race**	☐ **Religion or Belief**
☑ **Sex (male or female)**	☑ **Sexual orientation**	
☑ **Other**		

(Other can include – marriage and civil partnership, pregnancy and maternity, and those areas that impact on or relate to equality: tackling poverty and improving health and well-being)
Please specify: pregnancy & maternity, improving health & wellbeing

Stakeholders

☑ **Services users**	☐ **Employees**	☐ **Trade Unions**
☑ **Partners**	☑ **Members**	☐ **Suppliers**
☐ **Other please specify**		

Potential barriers

☐ **Built environment**	☑ **Location of premises and services**
☑ **Information and communication**	☐ **Customer care**
☑ **Timing**	☐ **Stereotypes and assumptions**

☐	**Cost**	☐	**Consultation and involvement**
☐	**Financial exclusion**	☐	**Employment and training**
☐	**specific barriers to the strategy, policy, services or function**		

Please specify

8. Positive and negative impact

Think about what you are assessing (scope), the fact finding information, the potential positive and negative impact on equality characteristics, stakeholders and the effect of the barriers

8a. Positive impact:

The proposal will impact positively on all equality groups and additional groups identified since open access will ensure all residents will continue to have access to a high quality and effective service. However, by putting a focus on people who are from Most At Risk Populations (MARPs) for sexual health, the service will be helping to reduce health inequalities in the city.

The hub and spoke model will take the service to neighbourhoods around the city. This will both raise awareness and make it easier for people to access, reducing travel time and costs and making it easier to keep appointments if it is nearer home and / or in places they would have been going to anyway.

The service will include a requirement to conduct outreach work in partnership with local organisations working with specific communities, which will increase visibility and facilitate access.

The new dedicated single point of access will provide an enhanced level of personalised support, which will mean that people are assisted to access support in the most appropriate way according to their individual circumstances.

The increased digital offer, including remote consultations where appropriate, will provide patient choice and enable access for those who are unable to visit the service in person because of, for example, working patterns, caring responsibilities or health conditions.

Action required:

Any communication and branding will need to make it clear that the service is fully inclusive and available to all, including making reasonable adjustments where required.

Appropriate locations for premises and / or co-located staff to be identified as part of the mobilisation process.

The successful provider(s) will have to demonstrate as part of their tender that they have or are able to make suitable links with other local services / organisations.

8b. Negative impact:

Smaller organisations may not have the capacity or experience to deliver all elements of the contract. Allowing the service to be delivered by a consortium will overcome any such barriers.

There will be a significant number of people who cannot use the digital options, for example because of language barriers, access to data or digital literacy.

The removal of the requirement for the specialist hub to be in the city centre may cause confusion for those used to its current location or make access more difficult for some.

There may be some local or cultural sensitivities about certain venues that put people off from going there.

Action required:

Delivery of the service by a consortium to be encouraged.

The specification will require that service information is publicised via a wide variety of formats and settings, e.g. through local support networks, and / or in other languages where required.

All service information will clearly describe the services that will be available at each site and in what circumstances (e.g. young people).

Appropriate locations for premises and / or co-located staff to be identified as part of the mobilisation process.

The specification will require that all venues are fully accessible (both building and location) and welcoming.

The single point of access to ensure that people are attending the most suitable venue for their needs, which will include transport considerations.

9. Will this activity promote strong and positive relationships between the groups/communities identified?

☐ **Yes** ☑ **No**

Please provide detail:
The focus of the service is on individuals' wellbeing, rather than building relationships within and between communities.

Action required:
None.

10. Does this activity bring groups/communities into increased contact with each other? (for example, in schools, neighbourhood, workplace)

☐ **Yes** ☑ **No**

Please provide detail:
The service will not specifically work to bring different groups together, but since the service will be open to all, clients will regularly come into contact with people from different groups and communities.

Action required:
None.

11. Could this activity be perceived as benefiting one group at the expense of another? (for example where your activity or decision is aimed at adults could it have an impact on children and young people)

☑ **Yes** ☐ **No**

Please provide detail:
Although the service will have universal access, certain areas or communities may be prioritised for venues or outreach work, in order to be accessible to those more at risk of poor health. As such, there may be a perception that some groups are benefitting more than others.

Action required:
A clear rationale for working with particular groups should be developed and reviewed as part of the contact mobilisation and management.

Any communication and branding will need to make it clear that the service is fully inclusive and available to all.

12. Equality, diversity, cohesion and integration action plan
(insert all your actions from your assessment here, set timescales, measures and identify a lead person for each action)

Action	Timescale	Measure	Lead person
Improvements to be made to the current equality monitoring records to bring the data in line with the current Leeds City Council equality monitoring data form.	April 2023	Performance framework to specify data to be collected	Contract manager
The service will take positive action to understand the demographic profile to identify those which are underrepresented and how the service can target accessibility improvements for those identified groups.	Ongoing	EDCI will be assessed through performance management tools for example KPIs, Quality Management Framework and CQC inspections.	Provider / contract manager / PH lead
A communications plan for the mobilisation period should include keeping all interested parties up to date with developments.	January – June 2024	Communications plan in place and implemented	Provider
Any communication and branding will need to make it clear that the service is fully inclusive and available to all, including making reasonable adjustments where required.	Ongoing	Demographics show that the provision is utilised by a diverse user base	Provider

Action	Timescale	Measure	Lead person
Appropriate locations for premises and / or co-located staff to be identified as part of the mobilisation process.	January – June 2024	Demographics show that the provision is utilised by a diverse user base	Provider, in consultation with contract manager / PH lead
The successful provider(s) will have to demonstrate as part of their tender that they have or are able to make suitable links with other local services / organisations.	April – June 2023	Tender evaluation	Bidders
Delivery of the service by a consortium to be encouraged	February – April 2023	Bids received	Project Team
The specification will require that service information is publicised via a wide variety of formats and settings, e.g. through local support networks, and / or in other languages where required.	March 2023	Demographics show that the provision is utilised by a diverse user base	Project Team
All service information will clearly describe the services that will be available at each site and in what circumstances (e.g. young people).	Ongoing	Patient feedback	Provider
The specification will require that all venues are fully accessible (both building and location) and welcoming.	March 2023 and ongoing delivery	Demographics, patient feedback	Project Team then Provider

Action	Timescale	Measure	Lead person
The single point of access to ensure that people are attending the most suitable venue for their needs, which will include transport considerations.	Ongoing	Monitoring of activity at each site / patient feedback	Provider
A clear rationale for working with particular groups should be developed and reviewed as part of the contact mobilisation and management.	Mobilisation and ongoing	Demographics show that the provision is utilised by a diverse user base	Provider, in consultation with contract manager / PH contract lead
Any communication and branding will need to make it clear that the service is fully inclusive and available to all.	Mobilisation and ongoing	Demographics show that the provision is utilised by a diverse user base	Provider

13. Governance, ownership and approval State here who has approved the actions and outcomes from the equality, diversity, cohesion and integration impact assessment		
Name	**Job title**	**Date**
Dawn Bailey	Chief Officer - Health Protection and Sexual Health	
Date impact assessment completed		

14. Monitoring progress for equality, diversity, cohesion and integration actions (please tick)

- ☐ As part of Service Planning performance monitoring
- ☑ As part of Project monitoring
- ☐ Update report will be agreed and provided to the appropriate board Please specify which board
- ☐ Other (please specify)

15. Publishing

Though **all** key decisions are required to give due regard to equality the council **only** publishes those related to **Executive Board**, **Full Council, Key Delegated Decisions** or a **Significant Operational Decision.**

A copy of this equality impact assessment should be attached as an appendix to the decision making report:

- Governance Services will publish those relating to Executive Board and Full Council.
- The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.
- A copy of all other equality impact assessments that are not to be published should be sent to equalityteam@leeds.gov.uk for record.

Complete the appropriate section below with the date the report and attached assessment was sent:

For Executive Board or Full Council – sent to **Governance Services**	Date sent:
For Delegated Decisions or Significant Operational Decisions – sent to appropriate **Directorate**	Date sent:
All other decisions – sent to equalityteam@leeds.gov.uk	Date sent: